

Mail completed form to:

PUBLIC UTILITIES COMMISSION  
500 EAST CAPITOL AVENUE  
PIERRE, SD 57501  
ATTN: SOUTH DAKOTA ONE CALL BOARD

RECEIVED

JUN 19 2003

SOUTH DAKOTA PUBLIC  
UTILITIES COMMISSION**COMPLAINT**

COMPLETE INFORMATION IS REQUIRED - ADDITIONAL PAGES MAY BE USED IF REQUIRED

**ALLEGATION OF PROBABLE VIOLATION(S) OF SOUTH DAKOTA ONE CALL LAWS****I. ACTION REQUESTED BY:**COMPLAINT FILED BY INDIVIDUAL \_\_\_ OR BUSINESS\* ☒ PERSON FILING COMPLAINT (Please print):COMPANY (If applicable) Mid Contingent Comm. ADDRESS 3507 S. Duluth PHONE NUMBERSIGNATURE OF COMPLAINANT: [Signature] DATE: 6-17-03 EMAIL ADDRESS:

\*If the complaint is filed on behalf of a Company, the person signing this form should have the proper authority to file the complaint.

**II. ACTION REQUESTED AGAINST:**NAME OF EXCAVATOR/FACILITY OPERATOR: Soukup Const PHONE NUMBER:(605) 332-5282  
ADDRESS: 6001 W 9th StWAS A LOCATE REQUESTED FROM SD ONE CALL? YES ☒ NO \_\_\_ LOCATE TICKET #: 01330347 START DATE ON TICKET:DID EXCAVATOR WAIT UNTIL THE START DATE/TIME ON THE TICKET BEFORE COMMENCING EXCAVATION? YES ☒ NO \_\_\_WERE BURIED FACILITIES EXPOSED BY HAND OR WITH NON-INVASIVE EQUIPMENT PRIOR TO EXCAVATION? YES \_\_\_ NO ☒**III. FACILITY INVOLVED (IF ANY)**TYPE OF FACILITY INVOLVED: Communications OPERATOR OF FACILITY (IF KNOWN):Mid Contingent Comm.OPERATOR ADDRESS: 3507 S. Duluth PHONE NUMBER:DEPTH OF COVER: 14" PRESSURE: VOLTAGE: NUMBER OF CABLE PAIRS:**IV. MARKING**WERE FACILITIES MARKED? YES ☒ NO \_\_\_ WAS THE MARKING COMPLETE PRIOR TO THE START TIME ON THE TICKET? YES \_\_\_ NO \_\_\_DID EXCAVATOR PRE-MARK WITH WHITE PAINT? YES \_\_\_ NO ☒WAS THE FACILITY MARKED ACCURATELY (WITHIN 18 INCHES)? YES ☒ NO \_\_\_DID EXCAVATOR USE REASONABLE CARE TO MAINTAIN LOCATE MARKS FOR LIFE OF PROJECT? YES \_\_\_ NO ☒HAVE YOU DISCUSSED THE PREVIOUS STATEMENTS WITH THE OTHER PARTY? YES \_\_\_ NO ☒ ?

IS THERE AGREEMENT? YES \_\_\_ NO \_\_\_ IF NO, PLEASE EXPLAIN:

**V. DAMAGE (IF ANY)**

FATALITIES: INJURIES: LENGTH OF HOSPITALIZATION:

ESTIMATED PROPERTY DAMAGE (\$): \_\_\_\_\_ NUMBER OF CUSTOMERS AFFECTED: 2  
DAMAGED IN: PUBLIC ☒ PRIVATE \_\_\_\_\_ (RIGHT-OF-WAY) PHOTOS OF THE DAMAGED FACILITY? YES \_\_\_\_\_ NO ☒  
ADDITIONAL INFORMATION: Working 29 days after ticket was called  
in or - 27 days after start date or 7 days after  
ticket expired.

**VI. PROBABLE VIOLATION**

SPECIFIC STATUTE(S) OR RULE(S) THAT WAS VIOLATED:  
21 day life of ticket  
not routing const. traffic around locates  
ADDRESS/LOCATION OF PROBABLE VIOLATION:  
1500 S. Minnesota Ave.  
DATE/TIME OF PROBABLE VIOLATION  
6-12-3 10:30  
HAVE YOU DISCUSSED THIS PROBABLE VIOLATION WITH THE PARTY THE ACTION IS FILED AGAINST: YES ☒ NO \_\_\_\_\_  
IF YES, NAME OF THE PARTY WITH WHOM YOU DISCUSSED THE PROBABLE VIOLATION: Don't know machine oper.  
DESCRIPTION OF PROBABLE VIOLATION: working after ticket expires.  
not exposing lines. not informing facility that line  
was close to foundation.